PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 9/854864											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						IALL EI	NTITY	OR	OTHER SMALL	THAN	
TOTAL CLAIMS	83				Г	RATE	FEE	7	RATE	FEE	İ
FOR .	NUMBER	FILED	NUMB	ER EXTRA	8/	ASIC FEE	355.00	OR	BASIC FEE	- 710:0 0	740.00
TOTAL CHARGEABLE CLAIMS	83minus 20= .			3	T	X\$ 9=		OR	X\$18=	1/3400	
INDEPENDENT CLAIMS	9 10 minus 3 = . ((-)			0 (7)	⊢	X40=		1	X8	504.00	
MULTIPLE DEPENDENT CLAIM PRESENT					┢			OR	,	5-11-	
* If the difference in column 1 is less than zero, enter "0" in column 2					L	+135=		OR	+270=	a.35	8.0
CLAIMS AS AMENDED - PART II						TOTAL	<u> </u>	OR	TOTAL OTHER		0.00
(Column 1) (Column 2) (Column 3)							ENTITY	OR	SMALL		
Total Samentania After AMENDMENT Independent • 10		HIGHE NUMB PREVIOU PAID P	ER USLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · 83	Minus	••	•	a .		X\$ 9=		OR	X\$18=		ĺ
Independent • 10 9	euniM	***		= '		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										<u>'</u>	
(Column 2) (Column 3)									•		
CLAIMS REMAINING AFTER AMENDMENT Total Independent Independent		PREVIOUS PAID F	ER USLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · 83	Minus :	. 8	<u>3</u> .	· 8/1	2	CS 9=		OR	X\$**=		
Independent • / 4	Minus Coco	CNIDENT.	7	- /		(40= ∖		OR	300 X	200.a	
PHAST PHESENTATION OF M	ULTIPLE DEP	ENDENT	LAIM			135=	7 : : : `	OR	+270=		**
			• • •	, , ,	<u>ا</u>	YÖTAL XII. FEE		OD:	TOTAL ADDIT, FEE	200.00	
(Column 1)		(Colum	n 2)	(Column 3)	ALI	AI. PEES		٠. '	AUUII. PEE		
CEAMS, REMARKING, AFTER AMENDMENT. Total Independent		HIGHE NUMBI PREVIOU PAID P	ST ER JSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	. · <i>:</i>
Total .	Minus	••;	,	a , 80 ty	×	\$ 9=		OR	X\$18=	, , , , , , , , , , , , , , , , , , ,	
independent :	Minus	- 60g	• •	=	-	(40=			X80=		
PHRST PHESENTATION OF MULTIPLE DEPENDENT CLAIM					-			OR		,	
If the intry in column 1 is less than the entry in column 2, write "0" in column 3;						135= YOYAL		OR	+270= YOTAL		
# If the "Righest Number Proviously Peld For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											
The Highest Number Previously Pe	id For (Total or	independ n	d) is the	highest number	found	n the app	ropriate box	t In coh	ans 1		

Patient and Tredemark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number